

Background Investigation Release Form

Name: _____ DOB: _____ SSN: _____ DL# _____ State _____
Previously used Name (s): _____
Current Street Address: _____ City _____ State _____
Height: _____ Weight: _____ Eye Color: _____ Sex: M ☐ F ☐ Race _____
(optional): _____

I hereby make application to review my Utah Computerized Criminal History Record

Signature of Applicant

Type of Identification used: DL ☐ SSN ☐ ID ☐ Number: _____

Signature of Murray Police Employee

Waiver

I hereby ask the criminal history information requested be release and sent or given to:

MURRAY CITY POLICE DEPARTMENT

Name of person information is released to

And release Murray City and the Utah State Criminal Identification from any liability
resulting from this request.

**PLEASE PRINT SIGN AND DATE THIS FORM and bring with you to the Murray City
Police Department.**

Signature

Today's Date